

UNITED STATES PATENT APPLICATION
COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name:

I verily believe that I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **BLOWER ASSEMBLY FOR CPAP** the specification for which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R § 1.56. I also acknowledge my duty to disclose all information known to be material to patentability which became available between a filing date of a prior application and the national or PCT filing date in the event this is a Continuation-in-Part application in accordance with 37 C.F.R. § 1.63(e).

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Number

Filing Date

60/431,577

12/06/2002

I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

Terry, Kathleen R. Reg.No. 31884

McTavish, Hugh Reg. No. 48341

Please direct all correspondence in this case to:

Kathleen R. Terry
2417 Como Avenue
St. Paul, MN 55108-1459
651-659-9819
Krterry@visi.com
FAX 651 603 1809

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application issued thereon.

Full name of sole inventor number:

Citizenship: United States of America

Residence Address: Steven S. Bordewick
5868 Hamline Ave.
North Shoreview, MN 55126

Signature: _____ Date: _____